

COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.

F1585

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter which is claimed and for which a patent is sought on the invention entitled

Zinc Oxide Containing Surfactant Solution

the specification of which

(check one) ☒ is attached hereto.

— was filed on — as — Application Serial No. —

— Express Mail No. —, as Serial No. not yet known,
and including all the amendments through the date hereof.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

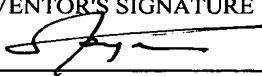
(Number)	(Country)	— (Day/Month/Year Filed)	Yes	No
(Number)	(Country)	— (Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Richard Ancel, Reg. No. 26,438; Bernard Lieberman, Reg. No. 26,194; Michael M. McGreal, Reg. No. 25,356; Richard E. Nanfeldt, Reg. No. 27,050; Paul Shapiro, Reg. No. 22,322; Martin Barancik, Reg. No. 25,189; my attorneys with full power of substitution and revocation.

Send Correspondence To: Customer Number 23909 Colgate-Palmolive Company 909 River Road, P.O. Box 1343 Piscataway, New Jersey 08855-1343		Direct Telephone Calls To: (732) 878-7397	
FULL NAME OF SOLE OR FIRST INVENTOR Marc Paye		INVENTOR'S SIGNATURE 	DATE 18 July 2003
RESIDENCE Rue des Moulins 49, 4342 Hognoul, Belgium		OCCUPATION	
CITIZENSHIP Belgium		D.O.B.	
POST OFFICE ADDRESS <input checked="" type="checkbox"/> same as residence (check if applicable) (If different than residence....insert here)			
FULL NAME OF SECOND JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		OCCUPATION	
CITIZENSHIP		D.O.B.	
POST OFFICE ADDRESS <input type="checkbox"/> same as residence (check if applicable) (If different than residence....insert here)			
FULL NAME OF THIRD JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		OCCUPATION	
CITIZENSHIP		D.O.B.	
POST OFFICE ADDRESS <input type="checkbox"/> same as residence (check if applicable) (If different than residence....insert here)			
FULL NAME OF FOURTH JOINT INVENTOR		INVENTOR'S SIGNATURE	DATE
RESIDENCE		OCCUPATION Chemist	
CITIZENSHIP		D.O.B.	
POST OFFICE ADDRESS <input type="checkbox"/> same as residence (check if applicable) (If different than residence....insert here)			